

**United States Bankruptcy Court**  
**Northern District of Ohio**

**2008 May 05 AM 07:05**  
**Voluntary Petition**  
CLERK U.S. BANKRUPTCY COURT  
**NORTHERN DISTRICT OF OHIO**

|  |  |
|--|--|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>McClain, Terrance</b>   | Name of Joint Debtor (Spouse) (Last, First, Middle):   |
| All Other Names used by the Debtor in the last 8 years<br>(include married, maiden, and trade names):<br><b>FDBA McRus Investments &amp; Consultants; FDBA<br/>         Challenge Fincl Investors Corp</b>   | All Other Names used by the Joint Debtor in the last 8 years<br>(include married, maiden, and trade names):                            |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN<br>(if more than one, state all)<br><b>xxx-xx-4313</b>   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN<br>(if more than one, state all)                     |
| Street Address of Debtor (No. and Street, City, and State):<br><b>2028 Marlindale<br/>         Cleveland Heights, OH</b><br><div style="text-align: right; margin-top: 5px;">ZIP Code<br/><b>44118</b></div> | Street Address of Joint Debtor (No. and Street, City, and State):<br><div style="text-align: right; margin-top: 5px;">ZIP Code</div>   |
| County of Residence or of the Principal Place of Business:<br><b>Cuyahoga</b>  | County of Residence or of the Principal Place of Business:   |
| Mailing Address of Debtor (if different from street address):<br><div style="text-align: right; margin-top: 5px;">ZIP Code</div>   | Mailing Address of Joint Debtor (if different from street address):<br><div style="text-align: right; margin-top: 5px;">ZIP Code</div> |
| Location of Principal Assets of Business Debtor<br>(if different from street address above):   |  |

|  |   |  |
|--|---|--|
| <b>Type of Debtor</b><br>(Form of Organization)<br>(Check one box)<br><input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (If debtor is not one of the above entities,<br>check this box and state type of entity below.) | <b>Nature of Business</b><br>(Check one box)<br><input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined<br>in 11 U.S.C. § 101 (51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other<br><hr/> <b>Tax-Exempt Entity</b><br>(Check box, if applicable)<br><input type="checkbox"/> Debtor is a tax-exempt organization<br>under Title 26 of the United States<br>Code (the Internal Revenue Code). | <b>Chapter of Bankruptcy Code Under Which<br/>         the Petition is Filed</b> (Check one box)<br><input checked="" type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Chapter 13<br><div style="margin-top: 10px;"> <input type="checkbox"/> Chapter 15 Petition for Recognition<br/>         of a Foreign Main Proceeding<br/> <input type="checkbox"/> Chapter 15 Petition for Recognition<br/>         of a Foreign Nonmain Proceeding       </div> <hr/> <b>Nature of Debts</b><br>(Check one box)<br><input checked="" type="checkbox"/> Debts are primarily consumer debts,<br>defined in 11 U.S.C. § 101(8) as<br>"incurred by an individual primarily for<br>a personal, family, or household purpose."<br><input type="checkbox"/> Debts are primarily<br>business debts. |
|--|---|--|

|   |   |
|---|---|
| <b>Filing Fee</b> (Check one box)<br><input checked="" type="checkbox"/> Full Filing Fee attached<br><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must<br>attach signed application for the court's consideration certifying that the debtor<br>is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.<br><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must<br>attach signed application for the court's consideration. See Official Form 3B. | <b>Chapter 11 Debtors</b><br>Check one box:<br><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br>Check if:<br><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed<br>to insiders or affiliates) are less than \$2,190,000.<br><hr/> Check all applicable boxes:<br><input type="checkbox"/> A plan is being filed with this petition.<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more<br>classes of creditors, in accordance with 11 U.S.C. § 1126(b). |
|---|---|

|   |  |  |  |  |   |  |   |   |   |  |  |
|---|--|--|--|--|---|--|---|---|---|--|--|
| <b>Statistical/Administrative Information</b><br><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid,<br>there will be no funds available for distribution to unsecured creditors.   | THIS SPACE IS FOR COURT USE ONLY               |  |  |  |   |  |   |   |   |  |  |
| <b>Estimated Number of Creditors</b><br><table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> OVER 100,000</td> </tr> </table>  | <input checked="" type="checkbox"/> 1-49       | <input type="checkbox"/> 50-99                             | <input type="checkbox"/> 100-199                           | <input type="checkbox"/> 200-999                     | <input type="checkbox"/> 1,000-5,000                  | <input type="checkbox"/> 5,001-10,000                  | <input type="checkbox"/> 10,001-25,000                  | <input type="checkbox"/> 25,001-50,000                  | <input type="checkbox"/> 50,001-100,000               | <input type="checkbox"/> OVER 100,000          |  |
| <input checked="" type="checkbox"/> 1-49  | <input type="checkbox"/> 50-99                 | <input type="checkbox"/> 100-199                           | <input type="checkbox"/> 200-999                           | <input type="checkbox"/> 1,000-5,000                 | <input type="checkbox"/> 5,001-10,000                 | <input type="checkbox"/> 10,001-25,000                 | <input type="checkbox"/> 25,001-50,000                  | <input type="checkbox"/> 50,001-100,000                 | <input type="checkbox"/> OVER 100,000                 |  |  |
| <b>Estimated Assets</b><br><table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>      | <input type="checkbox"/> \$0 to \$50,000       | <input type="checkbox"/> \$50,001 to \$100,000             | <input checked="" type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million    | <input type="checkbox"/> \$1,000,001 to \$10 million  | <input type="checkbox"/> \$10,000,001 to \$50 million  | <input type="checkbox"/> \$50,000,001 to \$100 million  | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion |  |
| <input type="checkbox"/> \$0 to \$50,000  | <input type="checkbox"/> \$50,001 to \$100,000 | <input checked="" type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million          | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion   | <input type="checkbox"/> More than \$1 billion        |  |  |
| <b>Estimated Liabilities</b><br><table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table> | <input type="checkbox"/> \$0 to \$50,000       | <input type="checkbox"/> \$50,001 to \$100,000             | <input checked="" type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million    | <input type="checkbox"/> \$1,000,001 to \$10 million  | <input type="checkbox"/> \$10,000,001 to \$50 million  | <input type="checkbox"/> \$50,000,001 to \$100 million  | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion |  |
| <input type="checkbox"/> \$0 to \$50,000  | <input type="checkbox"/> \$50,001 to \$100,000 | <input checked="" type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million          | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion   | <input type="checkbox"/> More than \$1 billion        |  |  |

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**McClain, Terrance****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**Addie Michelle McClain**

Case Number:

**07-19180**

Date Filed:

**12/03/07**

District:

**Northern District of Ohio (Cleveland)**

Relationship:

**Wife (separated)**

Judge:

**Arthur I. Harris****Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ Kathleen Donnelly****May 5, 2008**

Signature of Attorney for Debtor(s)

(Date)

**Kathleen Donnelly 0042636****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**McClain, Terrance****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Terrance McClain  
 Signature of Debtor **Terrance McClain**

**X** \_\_\_\_\_  
 Signature of Joint Debtor

\_\_\_\_\_  
 Telephone Number (If not represented by attorney)

May 5, 2008  
 Date

**Signature of Attorney\***

**X** /s/ Kathleen Donnelly  
 Signature of Attorney for Debtor(s)

Kathleen Donnelly 0042636  
 Printed Name of Attorney for Debtor(s)

Kathleen Donnelly  
 Firm Name

**526 Superior Ave. East  
 Leader Building Suite 1030  
 Cleveland, OH 44114**

\_\_\_\_\_  
 Address

**Email: katydonnelly@sbcglobal.net  
 (216)241-9628 Fax: (216)621-0408**

\_\_\_\_\_  
 Telephone Number

May 5, 2008  
 Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
 Signature of Authorized Individual

\_\_\_\_\_  
 Printed Name of Authorized Individual

\_\_\_\_\_  
 Title of Authorized Individual

\_\_\_\_\_  
 Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
 Signature of Foreign Representative

\_\_\_\_\_  
 Printed Name of Foreign Representative

\_\_\_\_\_  
 Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
 Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
 Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
 Address

**X** \_\_\_\_\_

\_\_\_\_\_  
 Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

United States Bankruptcy Court  
Northern District of Ohio

In re Terrance McClain

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

**Official Form 1, Exh. D (10/06) - Cont.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor:       /s/ Terrance McClain        
                                    Terrance McClain

Date:   May 5, 2008

**United States Bankruptcy Court**  
**Northern District of Ohio**

In re **Terrance McClain**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES       | OTHER         |
|--|----------------------|------------------|-------------------|-------------------|---------------|
| A - Real Property  | <b>Yes</b>           | <b>1</b>         | <b>150,000.00</b> |                   |               |
| B - Personal Property  | <b>Yes</b>           | <b>4</b>         | <b>6,950.00</b>   |                   |               |
| C - Property Claimed as Exempt   | <b>Yes</b>           | <b>1</b>         |                   |                   |               |
| D - Creditors Holding Secured Claims   | <b>Yes</b>           | <b>2</b>         |                   | <b>205,354.72</b> |               |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | <b>Yes</b>           | <b>2</b>         |                   | <b>8,499.32</b>   |               |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | <b>Yes</b>           | <b>8</b>         |                   | <b>163,553.14</b> |               |
| G - Executory Contracts and<br>Unexpired Leases                                    | <b>Yes</b>           | <b>1</b>         |                   |                   |               |
| H - Codebtors  | <b>Yes</b>           | <b>2</b>         |                   |                   |               |
| I - Current Income of Individual<br>Debtor(s)                                      | <b>Yes</b>           | <b>2</b>         |                   |                   | <b>575.00</b> |
| J - Current Expenditures of Individual<br>Debtor(s)                                | <b>Yes</b>           | <b>1</b>         |                   |                   | <b>575.00</b> |
| Total Number of Sheets of ALL Schedules  |                      | <b>24</b>        |                   |                   |               |
| Total Assets   |                      |                  | <b>156,950.00</b> |                   |               |
| Total Liabilities  |                      |                  |                   | <b>377,407.18</b> |               |

**United States Bankruptcy Court**  
**Northern District of Ohio**

In re **Terrance McClain**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

| Type of Liability   | Amount           |
|---|------------------|
| Domestic Support Obligations (from Schedule E)  | <b>0.00</b>      |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | <b>8,499.32</b>  |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | <b>0.00</b>      |
| Student Loan Obligations (from Schedule F)  | <b>56,610.00</b> |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | <b>0.00</b>      |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | <b>0.00</b>      |
| TOTAL   | <b>65,109.32</b> |

**State the following:**

|   |               |
|---|---------------|
| Average Income (from Schedule I, Line 16)   | <b>575.00</b> |
| Average Expenses (from Schedule J, Line 18)   | <b>575.00</b> |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 ) | <b>575.00</b> |

**State the following:**

|  |                 |                   |
|--|-----------------|-------------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |                 | <b>55,354.72</b>  |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | <b>2,495.18</b> |                   |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |                 | <b>6,004.14</b>   |
| 4. Total from Schedule F   |                 | <b>163,553.14</b> |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |                 | <b>224,912.00</b> |

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property   | Nature of Debtor's Interest in Property  | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |
|--|--|------------------------------------|--|-------------------------|
| 11091 Reservoir Place Drive<br>Cleveland, OH 44104<br>PPN: 128-30-023<br>(3 foreclosures on street already) Sheriff appraised value: | Fee simple (joint)<br>(County records does not reflect ownership but deed is recorded) | -                                  | 150,000.00   | 205,354.72              |

Sub-Total > **150,000.00** (Total of this page)

Total > **150,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property



In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|--|------------------|---|---|---|
| 1. Cash on hand  |                  | <b>Cash with Debtor</b>   | -   | <b>25.00</b>  |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. |                  | <b>Checking account with Faith Credit Union</b>   | -   | <b>50.00</b>  |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.  | <b>X</b>         |   |   |   |
| 4. Household goods and furnishings, including audio, video, and computer equipment.  |                  | <b>Household goods and furnishings with Wife</b>  | <b>J</b>                                    | <b>750.00</b>   |
|  |                  | <b>5 year old stove and refrigerator with Wife</b>  | <b>J</b>                                    | <b>300.00</b>   |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | <b>X</b>         |   |   |   |
| 6. Wearing apparel.  |                  | <b>Clothing with Debtor</b>   | -   | <b>200.00</b>   |
| 7. Furs and jewelry.   |                  | <b>Costume jewelry with Debtor</b>  | -   | <b>400.00</b>   |
| 8. Firearms and sports, photographic, and other hobby equipment.   | <b>X</b>         |   |   |   |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.   |                  | <b>Variable life insurance with New England Financial (wife and children are beneficiaries) No CSV opened in 2007</b> | -   | <b>0.00</b>   |
| 10. Annuities. Itemize and name each issuer.   | <b>X</b>         |   |   |   |

Sub-Total > **1,725.00**  
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property  | N<br>O<br>N<br>E | Description and Location of Property                             | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|------------------|--|---|---|
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | <b>X</b>         |  |   |   |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   |                  | <b>401k with Bank of America (former employer</b>                | <b>-</b>                                    | <b>4,000.00</b>   |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   |                  | <b>100% owner of McRuss Investments (ceased operations 2007)</b> | <b>-</b>                                    | <b>0.00</b>   |
|   |                  | <b>100% Challenge Fincl Investors Corp (Jan 2007-May 2007)</b>   | <b>-</b>                                    | <b>0.00</b>   |
| 14. Interests in partnerships or joint ventures. Itemize.   | <b>X</b>         |  |   |   |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  | <b>X</b>         |  |   |   |
| 16. Accounts receivable.  | <b>X</b>         |  |   |   |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | <b>X</b>         |  |   |   |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  | <b>X</b>         |  |   |   |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | <b>X</b>         |  |   |   |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | <b>X</b>         |  |   |   |

Sub-Total > **4,000.00**  
(Total of this page)

Sheet 1 of 3 continuation sheets attached  
to the Schedule of Personal Property

In re **Terrance McClain**,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

| Type of Property  | N<br>O<br>N<br>E | Description and Location of Property   | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|------------------|--|---|---|
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | <b>X</b>         |  |   |   |
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | <b>X</b>         |  |   |   |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | <b>X</b>         |  |   |   |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | <b>X</b>         |  |   |   |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | <b>1998 Ford Expedition (215,000+ miles in Poor condition - needs new hydalics system) Kelley Blue Book shows no value. Scrap value:</b>     | -   | <b>800.00</b>   |
|   |                  | <b>1992 Acura Lengend (202,000+ miles - engine needs to be replaced not working for years) Kelley Blue Book shows no value. Scrap value:</b> | -   | <b>350.00</b>   |
| 26. Boats, motors, and accessories.   | <b>X</b>         |  |   |   |
| 27. Aircraft and accessories.   | <b>X</b>         |  |   |   |
| 28. Office equipment, furnishings, and supplies.  |                  | <b>4 year old Dell Computer with Lexmart printer</b>   | -   | <b>75.00</b>  |
| 29. Machinery, fixtures, equipment, and supplies used in business.  | <b>X</b>         |  |   |   |
| 30. Inventory.  | <b>X</b>         |  |   |   |
| 31. Animals.  | <b>X</b>         |  |   |   |
| 32. Crops - growing or harvested. Give particulars.   | <b>X</b>         |  |   |   |
| 33. Farming equipment and implements.   | <b>X</b>         |  |   |   |

Sub-Total > **1,225.00**  
(Total of this page)

Sheet **2** of **3** continuation sheets attached  
to the Schedule of Personal Property

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

SCHEDULE B - PERSONAL PROPERTY  
(Continuation Sheet)

| Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|------------------|--------------------------------------|---|---|
| 34. Farm supplies, chemicals, and feed.                                 | X                |                                      |   |   |
| 35. Other personal property of any kind<br>not already listed. Itemize. | X                |                                      |   |   |

Sub-Total >0.00

(Total of this page)

Total >6,950.00

(Report also on Summary of Schedules)

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

| Description of Property  | Specify Law Providing Each Exemption    | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--|---|----------------------------|---|
| <b>Real Property</b>   |   |                            |   |
| 11091 Reservoir Place Drive<br>Cleveland, OH 44104<br>PPN: 128-30-023<br>(3 foreclosures on street already) Sheriff appraised value: | Ohio Rev. Code Ann. § 2329.66(A)(1)     | 5,000.00                   | 150,000.00  |
| <b>Cash on Hand</b>  |   |                            |   |
| Cash with Debtor   | Ohio Rev. Code Ann. § 2329.66(A)(4)(a)  | 25.00                      | 25.00   |
| <b>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</b>   |   |                            |   |
| Checking account with Faith Credit Union   | Ohio Rev. Code Ann. § 2329.66(A)(13)    | 75%                        | 50.00   |
|  | Ohio Rev. Code Ann. § 2329.66(A)(4)(a)  | 12.50                      |   |
| <b>Household Goods and Furnishings</b>   |   |                            |   |
| Household goods and furnishings with Wife  | Ohio Rev. Code Ann. § 2329.66(A)(4)(b)  | 750.00                     | 1,500.00  |
| 5 year old stove and refrigerator with Wife  | Ohio Rev. Code Ann. § 2329.66(A)(3)     | 300.00                     | 600.00  |
| <b>Wearing Apparel</b>   |   |                            |   |
| Clothing with Debtor   | Ohio Rev. Code Ann. § 2329.66(A)(3)     | 400.00                     | 200.00  |
| <b>Furs and Jewelry</b>  |   |                            |   |
| Costume jewelry with Debtor  | Ohio Rev. Code Ann. § 2329.66(A)(4)(c)  | 400.00                     | 400.00  |
| <b>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</b>  |   |                            |   |
| 401k with Bank of America (former employer)  | Ohio Rev. Code Ann. § 2329.66(A)(10)(b) | 4,000.00                   | 4,000.00  |
| <b>Automobiles, Trucks, Trailers, and Other Vehicles</b>   |   |                            |   |
| 1998 Ford Expedition (215,000+ miles in Poor condition - needs new hydralics system) Kelley Blue Book shows no value. Scrap value:   | Ohio Rev. Code Ann. § 2329.66(A)(2)     | 800.00                     | 800.00  |
| <b>Office Equipment, Furnishings and Supplies</b>  |   |                            |   |
| 4 year old Dell Computer with Lexmart printer  | Ohio Rev. Code Ann. § 2329.66(A)(5)     | 75.00                      | 75.00   |

|        |                  |                   |
|--------|------------------|-------------------|
| Total: | <b>11,800.00</b> | <b>157,650.00</b> |
|--------|------------------|-------------------|

0 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                      | C<br>O<br>D<br>E<br>B<br>T<br>O<br>R | H<br>U<br>S<br>B<br>A<br>N<br>D<br>W<br>I<br>F<br>E<br>J<br>O<br>I<br>N<br>T<br>C<br>O<br>M<br>M<br>U<br>N<br>I<br>T<br>Y | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|---|--------------------------------------|---|---|--|--|--------------------------------------|--|---------------------------------|
| Account No. <b>AFN: 200211221490</b>  | <b>X</b>                             | <b>-</b>  | <b>11/22/2002</b><br><b>Second Mortgage</b><br><b>11091 Reservoir Place Drive</b><br><b>Cleveland, OH 44104</b><br><b>PPN: 128-30-023</b><br><b>(3 foreclosures on street already)</b><br><b>Sheriff appraised value:</b>                   |  |  |                                      | <b>7,500.00</b>  | <b>7,500.00</b>                 |
| <b>Hebrew Free Loan Association</b><br><b>2245 Warrensville Center Road</b><br><b>Suite 207</b><br><b>Cleveland, OH 44118</b>         |                                      |   | <b>Value \$</b><br><b>150,000.00</b>  |  |  |                                      |  |                                 |
| Account No. <b>xxx-xx-3184</b>  |                                      |   |   |  |  |                                      |  |                                 |
| <b>Internal Revenue Service</b><br><b>CIO</b><br><b>P.O.Box 21126</b><br><b>Philadelphia, PA 19114</b>                                | <b>X</b>                             | <b>-</b>  | <b>2007</b><br><b>Tax Lien</b><br><b>11091 Reservoir Place Drive</b><br><b>Cleveland, OH 44104</b><br><b>PPN: 128-30-023</b><br><b>(3 foreclosures on street already)</b><br><b>Sheriff appraised value:</b>                                |  |  |                                      | <b>2,842.00</b>  | <b>2,842.00</b>                 |
|   |                                      |   | <b>Value \$</b><br><b>150,000.00</b>  |  |  |                                      |  |                                 |
| Account No. <b>128-30-023</b>   |                                      |   |   |  |  |                                      |  |                                 |
| <b>James Rokakis, As Treasurer</b><br><b>c/o Justice Center 9th Floor</b><br><b>1200 Ontario Street</b><br><b>Cleveland, OH 44113</b> | <b>-</b>                             |   | <b>2008</b><br><b>Real Estate Taxes</b><br><b>11091 Reservoir Place Drive</b><br><b>Cleveland, OH 44104</b><br><b>PPN: 128-30-023</b><br><b>(3 foreclosures on street already)</b><br><b>Sheriff appraised value:</b>                       |  |  |                                      | <b>571.72</b>  | <b>571.72</b>                   |
|   |                                      |   | <b>Value \$</b><br><b>150,000.00</b>  |  |  |                                      |  |                                 |
| Account No. <b>200301310131</b>   |                                      |   |   |  |  |                                      |  |                                 |
| <b>Neighborhood Housing Services</b><br><b>3210 Euclid Avenue</b><br><b>Cleveland, OH 44115</b>                                       | <b>X</b>                             | <b>H</b>  | <b>1/31/2003</b><br><b>Third Mortgage - Release not filed</b><br><b>11091 Reservoir Place Drive</b><br><b>Cleveland, OH 44104</b><br><b>PPN: 128-30-023</b><br><b>(3 foreclosures on street already)</b><br><b>Sheriff appraised value:</b> |  |  | <b>X</b>                             | <b>5,434.00</b>  | <b>5,434.00</b>                 |
|   |                                      |   | <b>Value \$</b><br><b>150,000.00</b>  |  |  |                                      |  |                                 |
|   |                                      |   |   |  |  |                                      |  |                                 |
| Subtotal<br>(Total of this page)  |                                      |   |   |  |  |                                      | <b>16,347.72</b>   | <b>16,347.72</b>                |

1

continuation sheets attached

1 continuation sheets attached

In re **Terrance McClain**,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.) | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|--------------------------------------|------------------|---|--|--|--------------------------------------|--|---------------------------------|
|  |                                      |                  | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN  |  |  |                                      |  |                                 |
| Account No. <b>50072022</b>  |                                      |                  |   |  |  |                                      |  |                                 |
| <b>Third Federal S &amp; L</b><br><b>7007 Broadway Ave</b><br><b>Cleveland, OH 44105</b>                   | <b>X</b>                             | <b>-</b>         | <b>Opened 12/03/02 Last Active 9/29/06</b><br><b>First Mortgage</b><br><b>11091 Reservoir Place Drive</b><br><b>Cleveland, OH 44104</b><br><b>PPN: 128-30-023</b><br><b>(3 foreclosures on street already)</b><br><b>Sheriff appraised value:</b> |  |  |                                      |  |                                 |
|  |                                      |                  | Value \$ <b>150,000.00</b>  |  |  |                                      | <b>189,007.00</b>  | <b>39,007.00</b>                |
| Account No.  |                                      |                  |   |  |  |                                      |  |                                 |
|  |                                      |                  |   |  |  |                                      |  |                                 |
|  |                                      |                  | Value \$  |  |  |                                      |  |                                 |
| Account No.  |                                      |                  |   |  |  |                                      |  |                                 |
|  |                                      |                  |   |  |  |                                      |  |                                 |
|  |                                      |                  | Value \$  |  |  |                                      |  |                                 |
| Account No.  |                                      |                  |   |  |  |                                      |  |                                 |
|  |                                      |                  |   |  |  |                                      |  |                                 |
|  |                                      |                  | Value \$  |  |  |                                      |  |                                 |
| Account No.  |                                      |                  |   |  |  |                                      |  |                                 |
|  |                                      |                  |   |  |  |                                      |  |                                 |
|  |                                      |                  | Value \$  |  |  |                                      |  |                                 |
| Subtotal<br>(Total of this page)   |                                      |                  |   |  |  |                                      | <b>189,007.00</b>  | <b>39,007.00</b>                |
| Total<br>(Report on Summary of Schedules)  |                                      |                  |   |  |  |                                      | <b>205,354.72</b>  | <b>55,354.72</b>                |

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

# **SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS** (Continuation Sheet)

## **Taxes and Certain Other Debts Owed to Governmental Units**

### TYPE OF PRIORITY

| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.) | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community | D<br>A<br>T<br>E<br>C<br>L<br>A<br>I<br>M<br>W<br>A<br>S<br>I<br>N<br>C<br>U<br>R<br>R<br>E<br>D<br>A<br>N<br>D<br>C<br>O<br>N<br>S<br>I<br>D<br>E<br>R<br>A<br>T<br>I<br>O<br>N<br>F<br>O<br>R<br>C<br>L<br>A<br>I<br>M | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT<br>OF CLAIM | AMOUNT NOT<br>ENTITLED TO<br>PRIORITY, IF ANY |
|---|--------------------------------------|------------------|------------------------------------|--|--|--|--------------------------------------|--------------------|---|
|   |                                      |                  |                                    |  |  |  |                                      |                    | AMOUNT<br>ENTITLED TO<br>PRIORITY             |
| Account No. <b>xxx-xx-3184</b>  |                                      |                  |                                    | <b>2004</b>  |  |  |                                      |                    |   |
| Internal Revenue Service<br>CIO<br>P.O.Box 21126<br>Philadelphia, PA 19114                                  | X                                    | -                |                                    | Income Taxes-Federal tax lien filed -<br>Debtor will be seeking relief by filing<br>Innocent Spouse Form   |  |  | X                                    | 6,004.14           | 6,004.14                                      |
|   |                                      |                  |                                    |  |  |  |                                      | 6,004.14           | 0.00  |
| Account No. <b>xxx-xx-4313</b>  |                                      |                  |                                    | <b>2003</b>  |  |  |                                      |                    |   |
| Ohio Department of Taxation<br>Compliance Division<br>P.O. Box 182401<br>Columbus, OH 43218-2401            |                                      | -                |                                    | Income taxes, interest, and accrued<br>fees to date  |  |  |                                      | 0.00               | 0.00  |
|   |                                      |                  |                                    |  |  |  |                                      | 1,021.30           | 1,021.30                                      |
| Account No. <b>xxx-xx-4313</b>  |                                      |                  |                                    | <b>2004</b>  |  |  |                                      |                    |   |
| Ohio Department of Taxation<br>Compliance Division<br>P.O. Box 182401<br>Columbus, OH 43218-2401            |                                      | -                |                                    | Income taxes, interest, and accrued<br>fees to date  |  |  |                                      | 0.00               | 0.00  |
|   |                                      |                  |                                    |  |  |  |                                      | 1,473.88           | 1,473.88                                      |
| Account No.   |                                      |                  |                                    |  |  |  |                                      |                    |   |
|   |                                      |                  |                                    |  |  |  |                                      |                    |   |
| Account No.   |                                      |                  |                                    |  |  |  |                                      |                    |   |
|   |                                      |                  |                                    |  |  |  |                                      |                    |   |
| Subtotal  |                                      |                  |                                    |  |  |  |                                      |                    | 6,004.14                                      |
| (Total of this page)  |                                      |                  |                                    |  |  |  |                                      | 8,499.32           | 2,495.18                                      |
| Total   |                                      |                  |                                    |  |  |  |                                      |                    | 6,004.14                                      |
| (Report on Summary of Schedules)  |                                      |                  |                                    |  |  |  |                                      | 8,499.32           | 2,495.18                                      |

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)        | C<br>O<br>D<br>E<br>B<br>T<br>O<br>R | H<br>U<br>S<br>B<br>A<br>N<br>D<br>W<br>I<br>F<br>E<br>J<br>O<br>I<br>N<br>T<br>C<br>O<br>M<br>M<br>U<br>N<br>I<br>T<br>Y | D<br>A<br>T<br>E<br>C<br>L<br>A<br>I<br>M<br>W<br>A<br>S<br>I<br>N<br>C<br>U<br>R<br>R<br>E<br>D<br>A<br>N<br>D<br>C<br>O<br>N<br>S<br>I<br>D<br>E<br>R<br>A<br>T<br>I<br>O<br>N<br>F<br>O<br>R<br>C<br>L<br>A<br>I<br>M.<br>I<br>F<br>C<br>L<br>A<br>I<br>M<br>I<br>S<br>S<br>U<br>B<br>J<br>E<br>C<br>T<br>T<br>O<br>S<br>E<br>T<br>O<br>F<br>F,<br>S<br>O<br>S<br>T<br>A<br>T<br>E. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | A<br>M<br>O<br>U<br>N<br>T<br>O<br>F<br>C<br>L<br>A<br>I<br>M |
|--|--------------------------------------|---|--|--|--|--------------------------------------|---|
|  |                                      |   |  |  |  |                                      |   |
| Account No. <b>90025576242990</b>  |                                      |   | <b>2007</b>  |  |  |                                      |   |
| <b>Asset Acceptance LLC</b><br><b>P.O.Box 2036</b><br><b>Attn: Bankruptcy Department</b><br><b>Warren, MI 48090</b>  | -                                    |   | <b>Collection - Credit card purchases, late fees and accrued interest to date</b>  |  |  |                                      | <b>602.00</b>   |
| Account No. <b>216 295-1491 039 0</b>  |                                      |   | <b>2008</b>  |  |  |                                      |   |
| <b>AT&amp;T</b><br><b>P.O. Box 8100</b><br><b>Aurora, IL 60572-8712</b>  | -                                    |   | <b>Utilities</b>   |  |  |                                      | <b>104.00</b>   |
| Account No. <b>0043 5251 6206</b>  |                                      |   | <b>2007</b>  |  |  |                                      |   |
| <b>Bank of America</b><br><b>P.O. Box 25118</b><br><b>Tampa, FL 33622-5118</b>                                       | -                                    |   | <b>NSF - Overdrawn account</b>   |  |  |                                      | <b>100.00</b>   |
| Account No. <b>003454</b>  |                                      |   | <b>2007</b>  |  |  |                                      |   |
| <b>Bradford Medical Group</b><br><b>5 Severance Circle</b><br><b>Suite 206</b><br><b>Cleveland Heights, OH 44118</b> | -                                    |   | <b>Medical services</b>  |  |  |                                      | <b>351.00</b>   |
| Subtotal<br>(Total of this page)   |                                      |   |  |  |  |                                      | <b>1,157.00</b>   |

7 continuation sheets attached

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>B<br>O<br>R | Husband, Wife, Joint, or Community   | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                                   |
|---|---------------------------------|--|--|--|--------------------------------------|---|
|   |                                 | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE.  |  |  |                                      |   |
| Account No. <b>MB432LB807</b><br><br><b>Chase</b><br><b>Attn: Correspondence (Bankruptcy)</b><br><b>P.O. Box 15298</b><br><b>Wilmington, DE 19850</b>                       | -                               | <b>1994-1998</b><br><b>For notice only - School loan</b>   |  |  |                                      | <b>56,610.00</b>                                  |
| Account No. <b>32019048</b><br><br><b>Cleveland Clinic Foundation</b><br><b>P.O. Box 73662</b><br><b>Cleveland, OH 44193-1273</b>   | X -                             | <b>2007</b><br><b>Medical services - Insurance claim pending.</b>  |  |  |                                      | <b>15.00</b>                                      |
| Account No. <b>2006CVF0018234</b><br><br><b>Cleveland Municipal Court</b><br><b>1200 Ontario Street</b><br><b>Attn Docket: 2006CVF0018234</b><br><b>Cleveland, OH 44113</b> | -                               | <b>2006</b><br><b>Court costs</b>  |  |  |                                      | <b>Unknown</b>                                    |
| Account No. <b>21566965986</b><br><br><b>Cleveland Public Power</b><br><b>P.O. Box 94560</b><br><b>Cleveland, OH 44144</b>  | -                               | <b>2007</b><br><b>Utilities</b>  |  |  |                                      | <b>435.00</b>                                     |
| Account No. <b>20162678</b><br><br><b>Collection</b><br><b>P.O. Box 9134</b><br><b>Needham, MA 02494</b>  | X -                             | <b>Opened 3/01/05 Last Active 6/01/07</b><br><b>Collection - Insurance premiums - Policy</b><br><b>cancelled - Progressive Insurance Company</b> |  |  |                                      | <b>158.00</b>                                     |
| Sheet no. <u>1</u> of <u>7</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims   |                                 |  |  |  |                                      | Subtotal<br>(Total of this page) <b>57,218.00</b> |

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | H<br>U<br>S<br>B<br>A<br>N<br>D,<br>W<br>I<br>F<br>E,<br>J<br>O<br>I<br>N<br>T,<br>O<br>R<br>C<br>O<br>M<br>M<br>U<br>N<br>I<br>T<br>Y                     | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | A<br>M<br>O<br>U<br>N<br>T<br>O<br>F<br>C<br>L<br>A<br>I<br>M |
|---|--------------------------------------|--|--|--|--------------------------------------|---|
|   |                                      | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE.  |  |  |                                      |   |
| Account No. <b>CV-07-615628</b><br><br><b>Cuyahoga Court of Common Pleas</b><br><b>1200 Ontario Street</b><br><b>CV-07-615628</b><br><b>Cleveland, OH 44113-1678</b>  | -                                    | <b>2007</b><br><b>Court costs</b>  |  |  |                                      | <b>Unknown</b>  |
| Account No. <b>CV-96-320183</b><br><br><b>Cuyahoga Court of Common Pleas</b><br><b>1200 Ontario Street</b><br><b>Attn docket: CV-96-320183</b><br><b>Cleveland, OH 44113-1678</b>   | -                                    | <b>1996</b><br><b>Court costs</b>  |  |  |                                      | <b>Unknown</b>  |
| Account No. <b>CV-07-615628</b><br><br><b>Deutsche Bank National Trust</b><br><b>as Trustee of Argent Mortgage</b><br><b>Securites c/o AMC Mortgage Services</b><br><b>505 City Parkway West</b><br><b>Orange, CA 92868</b> | -                                    | <b>2007</b><br><b>Deficiency balance on foreclosed home -</b><br><b>Judgment INTEREST THEREON AT THE RATE</b><br><b>OF 8.95% PER ANNUM FROM 09/01/2006</b> |  |  |                                      | <b>72,639.14</b>  |
| Account No. <b>8227</b><br><br><b>Dr. Eric S. Lawrence</b><br><b>6801 Mayfield Road</b><br><b>Mayfield Heights, OH 44124</b>  | -                                    | <b>2007</b><br><b>Dentistry</b>  |  |  |                                      | <b>1,462.00</b>   |
| Account No. <b>MB035</b><br><br><b>Dr. Minnie M. Bowers</b><br><b>14412 Larchmere Blvd</b><br><b>Cleveland, OH 44120</b>  | -                                    | <b>4/28/2007</b><br><b>Medical services - Approximately:</b>   |  |  |                                      | <b>95.00</b>  |
| Sheet no. <b>2</b> of <b>7</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims   |                                      |  |  |  |                                      | Subtotal<br>(Total of this page) <b>74,196.14</b>             |

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | C<br>O<br>D<br>E<br>B<br>O<br>R | Husband, Wife, Joint, or Community   | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                                |
|--|---------------------------------|--|--|--|--------------------------------------|--|
|  |                                 | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE.        |  |  |                                      |  |
| Account No. <b>457499</b><br><br><b>Encore Receivable Management</b><br><b>400 North Rogers Road</b><br><b>P.O. Box 3330</b><br><b>Olathe, KS 66063-3330</b> | -                               | <b>2007</b><br><b>Collection - Credit card purchases, late fees</b><br><b>and accrued interest to date</b> |  |  |                                      | <b>404.00</b>                                  |
| Account No. <b>B23516</b><br><br><b>Equifax Mortgage Solutions</b><br><b>P.O. Box 4472</b><br><b>Attn: Bankruptcy Department</b><br><b>Atlanta, GA 30302</b> | -                               | <b>2007</b><br><b>Counseling services</b>  |  |  |                                      | <b>30.00</b>                                   |
| Account No. <b>02945001-110</b><br><br><b>First Credit International Corp.</b><br><b>P.O. Box 13283</b><br><b>Fairlawn, OH 44334-8683</b>                    | X -                             | <b>2006</b><br><b>Collection - Medical services - Should have</b><br><b>been covered by insurance</b>      |  |  | X                                    | <b>260.00</b>                                  |
| Account No. <b>8587507</b><br><br><b>First Credit International Corp.</b><br><b>P.O. Box 13283</b><br><b>Fairlawn, OH 44334-8683</b>                         | -                               | <b>2006</b><br><b>Medical services - Childrens Reseach</b><br><b>Foundation - Approximately:</b>           |  |  |                                      | <b>123.00</b>                                  |
| Account No. <b>2515097</b><br><br><b>First Credit International Corp.</b><br><b>P.O. Box 13283</b><br><b>Fairlawn, OH 44334-8683</b>                         | -                               | <b>9/5/2006</b><br><b>Collection - Medical services -</b><br><b>UHMG-8-Children's Research FNDN</b>        |  |  |                                      | <b>123.00</b>                                  |
| Sheet no. <u>3</u> of <u>7</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims  |                                 |  |  |  |                                      | Subtotal<br>(Total of this page) <b>940.00</b> |

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                             | C<br>O<br>D<br>E<br>B<br>O<br>R | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                                  |
|---|---------------------------------|---|--|--|--------------------------------------|--|
|   |                                 | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |  |
| Account No. <b>110046840671</b><br><br><b>First Energy Service Co.</b><br><b>76 South Main Street</b><br><b>Akron, OH 44308</b>           | -                               | <b>2007</b><br><b>Utilities at 3644 Menlo</b>   |  |  |                                      | <b>709.00</b>                                    |
| Account No. <b>6577515</b><br><br><b>First Federal Credit Collection</b><br><b>24700 Chagrin Blvd Ste 2</b><br><b>Cleveland, OH 44122</b> | X -                             | <b>Opened 6/08/06</b><br><b>Collection - Medical services - Gerson Group</b><br><b>Ob/Gyn</b>       |  |  |                                      | <b>35.00</b>                                     |
| Account No. <b>2804511</b><br><br><b>Helvey and Associates</b><br><b>1015 E. Center St.</b><br><b>Warsaw, IN 46580</b>                    | -                               | <b>2007</b><br><b>Collection - NSF - Overdrawn account -</b><br><b>Huntington</b>                   |  |  |                                      | <b>211.00</b>                                    |
| Account No. <b>8131255</b><br><br><b>Hillcrest Hospital</b><br><b>P.O. Box 74397</b><br><b>Cleveland, OH 44194-0001</b>                   | -                               | <b>207</b><br><b>Medical services - Approximately:</b>  |  |  |                                      | <b>50.00</b>                                     |
| Account No. <b>65002700115522</b><br><br><b>Household Finance</b><br><b>P.O. Box 8873</b><br><b>Virginia Beach, VA 23450-8873</b>         | -                               | <b>Over 2+ years ago</b><br><b>Listed as precaution - on credit report</b>                          |  |  |                                      | <b>0.00</b>                                      |
| Sheet no. <b>4</b> of <b>7</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims                           |                                 |   |  |  |                                      | Subtotal<br>(Total of this page) <b>1,005.00</b> |

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>B<br>O<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community   | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                  |
|---|---------------------------------|------------------|--|--|--|--------------------------------------|----------------------------------|
|   |                                 |                  | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE.  |  |  |                                      |                                  |
| Account No. <b>CV-96-320183</b><br><br><b>KeyBank</b><br><b>4910 Tiedeman Road</b><br><b>Cleveland, OH 44144</b>  |                                 | -                | <b>Over 10+ years ago</b><br><b>Listed as precaution - on credit report</b>  |  |  |                                      | <b>Unknown</b>                   |
| Account No. <b>07830166928</b><br><br><b>Laboratory Corporation of America</b><br><b>2269 S. Saw Mill</b><br><b>Building 3</b><br><b>Elmsford, NY 10523</b>         | X                               | -                | <b>2007</b><br><b>Medical services - Insurance claim pending.</b>  |  |  |                                      | <b>145.00</b>                    |
| Account No. <b>A2706841</b><br><br><b>Millston &amp; Kannensohn, Attorneys</b><br><b>15 Central Square</b><br><b>Suite 200</b><br><b>Youngstown, OH 44503</b>       |                                 | -                | <b>Over 2+ years ago</b><br><b>Collection - Credit card purchases, late fees</b><br><b>and accrued interest to date</b>                              |  |  |                                      | <b>1,311.00</b>                  |
| Account No. <b>11000707</b><br><br><b>MRS Associates</b><br><b>3 Executive Campus, Suite 400</b><br><b>Cherry Hill, NJ 08002</b>                                    |                                 | -                | <b>Over 2+ years ago</b><br><b>Collection - Credit card purchases, late fees</b><br><b>and accrued interest to date - Capital One</b><br><b>Bank</b> |  |  |                                      | <b>773.00</b>                    |
| Account No. <b>25898574</b><br><br><b>National City Bank</b><br><b>Bankruptcy Depart. Loc. # 01-7103</b><br><b>6750 Miller Road</b><br><b>Brecksville, OH 44141</b> |                                 | -                | <b>4/2006</b><br><b>NSF - Overdrawn account</b>  |  |  |                                      | <b>264.00</b>                    |
| Sheet no. <u>5</u> of <u>7</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims   |                                 |                  |  |  |  |                                      | Subtotal<br>(Total of this page) |
|   |                                 |                  |  |  |  |                                      | <b>2,493.00</b>                  |

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | C<br>O<br>D<br>E<br>B<br>O<br>R | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                                   |
|--|---------------------------------|---|--|--|--------------------------------------|---|
| Account No. <b>8827247</b> <input type="checkbox"/> <input type="checkbox"/><br><br><b>OSI Collection</b><br><b>P.O. Box 965</b><br><b>Suite 204</b><br><b>Brookfield, WI 53008-0965</b> |                                 | <b>Over 1+ year ago</b><br><b>Collection - Mail order - FedEx</b>   |  |  |                                      | <b>46.00</b>                                      |
| Account No. <b>5329-0509-9995-7325</b><br><br><b>Portfolio Recovery Associates</b><br><b>P.O. BBox 12914</b><br><b>Norfolk, VA 23541</b>   |                                 | <b>Over 2+ years ago</b><br><b>Collection - Credit card purchases, late fees</b><br><b>and accrued interest to date</b>                       |  |  |                                      | <b>1,924.00</b>                                   |
| Account No. <b>00296460421</b><br><br><b>Puzzlemania</b><br><b>c/o North Shore Agency</b><br><b>P.O. Box 4002862</b><br><b>Des Moines, IA 50340-2862</b>                                 |                                 | <b>2008</b><br><b>Mail order</b>  |  |  |                                      | <b>21.00</b>                                      |
| Account No. <b>301-10067828</b> <input type="checkbox"/> <input type="checkbox"/><br><br><b>RAB Inc.</b><br><b>7000 Goodlett Farms Parkway</b><br><b>Memphis, TN 38016-4916</b>          |                                 | <b>Over 2+ years ago</b><br><b>Collection - Personal loan - HSBC</b>  |  |  |                                      | <b>11,787.00</b>                                  |
| Account No. <b>305500</b><br><br><b>Richard L. Cohen, DDS</b><br><b>24100 Chagrin Blvd.</b><br><b>Suite 170</b><br><b>Beachwood, OH 44122</b>  | <b>X</b>                        | <b>2007</b><br><b>Dentistry</b>   |  |  |                                      | <b>534.00</b>                                     |
| Sheet no. <u>6</u> of <u>7</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims  |                                 |   |  |  |                                      | Subtotal<br>(Total of this page) <b>14,312.00</b> |



In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | C<br>O<br>D<br>E<br>B<br>O<br>R | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                                   |
|--|---------------------------------|---|--|--|--------------------------------------|---|
|  |                                 | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |   |
| Account No. <b>11 00 42 1845 2 0</b>   |                                 | <b>2006<br/>Utilities</b>   |  |  |                                      |   |
| <b>The Illuminating Company<br/>P.O. Box 3638<br/>Akron, OH 44309</b>  | -                               |   |  |  |                                      | <b>151.00</b>                                     |
| Account No. <b>704-017-6219333-001</b>   |                                 | <b>2007<br/>Deficiency with repossessed car - Did not co-sign<br/>on loan</b>                       |  |  |                                      |   |
| <b>Toyota Motor Credit<br/>4501 Erskine Road Suite 150<br/>Cincinnati, OH 45242</b>  | X -                             |   |  |  | X                                    | <b>10,215.00</b>                                  |
| Account No. <b>4744404</b>   |                                 | <b>2007<br/>Medical services</b>  |  |  |                                      |   |
| <b>University Hospital Lab Serv Found<br/>P.O. Box 9801967<br/>Cleveland, OH 44190-1967</b>  | X -                             |   |  |  |                                      | <b>55.00</b>                                      |
| Account No. <b>29450010060-01</b>  |                                 | <b>2006<br/>Medical services - Approximately:</b>   |  |  |                                      |   |
| <b>University Hospitals<br/>Institutional Relations &amp; Devel.<br/>P.O. Box 74947<br/>Attn: Bankruptcy Department<br/>Cleveland, OH 44101-9927</b> | -                               |   |  |  |                                      | <b>1,811.00</b>                                   |
| Account No.  |                                 |   |  |  |                                      |   |
|  |                                 |   |  |  |                                      |   |
| Sheet no. <u>7</u> of <u>7</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims                                      |                                 |   |  |  |                                      | <b>Subtotal<br/>(Total of this page)</b>          |
|  |                                 |   |  |  |                                      | <b>Total<br/>(Report on Summary of Schedules)</b> |
|  |                                 |   |  |  |                                      | <b>12,232.00</b>                                  |
|  |                                 |   |  |  |                                      | <b>163,553.14</b>                                 |

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

| Name and Mailing Address, Including Zip Code,<br>of Other Parties to Lease or Contract                        | Description of Contract or Lease and Nature of Debtor's Interest.<br>State whether lease is for nonresidential real property.<br>State contract number of any government contract. |
|---|--|
| <b>Sprint Nextel</b><br><b>2001 Edmund Halley Drive</b><br><b>Attn: Bankruptcy</b><br><b>Reston, VA 20191</b> | <b>2 year lease cell phone</b>   |

In re **Terrance McClain**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR  | NAME AND ADDRESS OF CREDITOR   |
|---|--|
| <b>A. Michelle McClain</b><br>11091 Reservoir Place Drive<br>Cleveland, OH 44104-5072   | <b>Hebrew Free Loan Association</b><br>2245 Warrensville Center Road<br>Suite 207<br>Cleveland, OH 44118 |
| <b>A. Michelle McClain</b><br>11091 Reservoir Place Drive<br>Cleveland, OH 44104-5072   | <b>Internal Revenue Service</b><br>CIO<br>P.O.Box 21126<br>Philadelphia, PA 19114                        |
| <b>A. Michelle McClain</b><br>11091 Reservoir Place Drive<br>Cleveland, OH 44104-5072   | <b>Neighborhood Housing Services</b><br>3210 Euclid Avenue<br>Cleveland, OH 44115                        |
| <b>A. Michelle McClain</b><br>11091 Reservoir Place Drive<br>Cleveland, OH 44104-5072   | <b>Third Federal S &amp; L</b><br>7007 Broadway Ave<br>Cleveland, OH 44105                               |
| <b>A. Michelle McClain</b><br>11091 Reservoir Place Drive<br>Cleveland, OH 44104-5072<br>Wife will be seeking relief by filing Innocent Spouse Form | <b>Internal Revenue Service</b><br>CIO<br>P.O.Box 21126<br>Philadelphia, PA 19114                        |
| <b>A. Michelle McClain</b><br>11091 Reservoir Place Drive<br>Cleveland, OH 44104-5072   | <b>University Hospital Lab Serv Found</b><br>P.O. Box 9801967<br>Cleveland, OH 44190-1967                |
| <b>A. Michelle McClain</b><br>11091 Reservoir Place Drive<br>Cleveland, OH 44104-5072   | <b>Cleveland Clinic Foundation</b><br>P.O. Box 73662<br>Cleveland, OH 44193-1273                         |
| <b>A. Michelle McClain</b><br>11091 Reservoir Place Drive<br>Cleveland, OH 44104-5072   | <b>Collection</b><br>P.O. Box 9134<br>Needham, MA 02494  |
| <b>A. Michelle McClain</b><br>11091 Reservoir Place Drive<br>Cleveland, OH 44104-5072   | <b>First Federal Credit Collection</b><br>24700 Chagrin Blvd Ste 2<br>Cleveland, OH 44122                |
| <b>A. Michelle McClain</b><br>11091 Reservoir Place Drive<br>Cleveland, OH 44104-5072   | <b>Laboratory Corporation of America</b><br>2269 S. Saw Mill<br>Building 3<br>Elmsford, NY 10523         |

In re **Terrance McClain**,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE H - CODEBTORS**  
(Continuation Sheet)

| NAME AND ADDRESS OF CODEBTOR  | NAME AND ADDRESS OF CREDITOR   |
|---|--|
| <b>A. Michelle McClain</b><br><b>11091 Reservoir Place Drive</b><br><b>Cleveland, OH 44104-5072</b> | <b>First Credit International Corp.</b><br><b>P.O. Box 13283</b><br><b>Fairlawn, OH 44334-8683</b>           |
| <b>A. Michelle McClain</b><br><b>11091 Reservoir Place Drive</b><br><b>Cleveland, OH 44104-5072</b> | <b>Richard L. Cohen, DDS</b><br><b>24100 Chagrin Blvd.</b><br><b>Suite 170</b><br><b>Beachwood, OH 44122</b> |
| <b>Kamisha Jones</b>  | <b>Toyota Motor Credit</b><br><b>4501 Erskine Road Suite 150</b><br><b>Cincinnati, OH 45242</b>              |

In re **Terrance McClain**

Debtor(s)

Case No. \_\_\_\_\_

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

|  |   |                                 |
|--|---|---------------------------------|
| Debtor's Marital Status:                                     | DEPENDENTS OF DEBTOR AND SPOUSE                           |                                 |
| <b>Separated</b>   | RELATIONSHIP(S):<br><b>Daughter</b><br><b>Son</b>         | AGE(S):<br><b>5</b><br><b>9</b> |
| <b>Employment:*</b>  | DEBTOR  | SPOUSE                          |
| Occupation   | <b>Associate Minister</b>                                 |                                 |
| Name of Employer   | <b>Morelight Missonary Baptist Church</b>                 |                                 |
| How long employed  | <b>Since 2001</b>   |                                 |
| Address of Employer  | <b>3075 East 116 Street</b><br><b>Cleveland, OH 44106</b> |                                 |
| <b>*See Attachment for Additional Employment Information</b> |   |                                 |

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

| DEBTOR         | SPOUSE        |
|----------------|---------------|
| \$ <u>0.00</u> | \$ <u>N/A</u> |
| \$ <u>0.00</u> | \$ <u>N/A</u> |

2. Estimate monthly overtime

3. SUBTOTAL

|                |               |
|----------------|---------------|
| \$ <u>0.00</u> | \$ <u>N/A</u> |
|----------------|---------------|

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify): \_\_\_\_\_

|                |               |
|----------------|---------------|
| \$ <u>0.00</u> | \$ <u>N/A</u> |
| \$ <u>0.00</u> | \$ <u>N/A</u> |
| \$ <u>0.00</u> | \$ <u>N/A</u> |
| \$ <u>0.00</u> | \$ <u>N/A</u> |
| \$ <u>0.00</u> | \$ <u>N/A</u> |

5. SUBTOTAL OF PAYROLL DEDUCTIONS

|                |               |
|----------------|---------------|
| \$ <u>0.00</u> | \$ <u>N/A</u> |
|----------------|---------------|

6. TOTAL NET MONTHLY TAKE HOME PAY

|                |               |
|----------------|---------------|
| \$ <u>0.00</u> | \$ <u>N/A</u> |
|----------------|---------------|

7. Regular income from operation of business or profession or farm (Attach detailed statement)

8. Income from real property

9. Interest and dividends

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

11. Social security or government assistance

(Specify): \_\_\_\_\_

|                  |               |
|------------------|---------------|
| \$ <u>150.00</u> | \$ <u>N/A</u> |
| \$ <u>0.00</u>   | \$ <u>N/A</u> |
| \$ <u>0.00</u>   | \$ <u>N/A</u> |
| \$ <u>0.00</u>   | \$ <u>N/A</u> |

12. Pension or retirement income

13. Other monthly income

(Specify): **Parents providing support**

|                  |               |
|------------------|---------------|
| \$ <u>0.00</u>   | \$ <u>N/A</u> |
| \$ <u>0.00</u>   | \$ <u>N/A</u> |
| \$ <u>0.00</u>   | \$ <u>N/A</u> |
| \$ <u>425.00</u> | \$ <u>N/A</u> |
| \$ <u>0.00</u>   | \$ <u>N/A</u> |

14. SUBTOTAL OF LINES 7 THROUGH 13

|                  |               |
|------------------|---------------|
| \$ <u>575.00</u> | \$ <u>N/A</u> |
|------------------|---------------|

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

|                  |               |
|------------------|---------------|
| \$ <u>575.00</u> | \$ <u>N/A</u> |
|------------------|---------------|

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

|                  |  |
|------------------|--|
| \$ <u>575.00</u> |  |
|------------------|--|

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**Ministry done on volunteer basis. Children are living with wife. Divorce is eminent.**

In re **Terrance McClain**  
Debtor(s)

Case No. \_\_\_\_\_

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**  
**Attachment for Additional Employment Information**

| <b>Debtor</b>       |  |  |
|---------------------|--|--|
| Occupation          | <b>Property manager</b>                      |  |
| Name of Employer    | <b>New Vision</b>                            |  |
| How long employed   | <b>1 year</b>                                |  |
| Address of Employer | <b>3669 East 131<br/>Cleveland, OH 44120</b> |  |

In re **Terrance McClain**

Debtor(s)

Case No. \_\_\_\_\_

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

|  |                              |    |               |
|--|------------------------------|----|---------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)  |                              | \$ | <b>0.00</b>   |
| a. Are real estate taxes included?   | Yes <u><b>X</b></u> No _____ |    |               |
| b. Is property insurance included?   | Yes <u><b>X</b></u> No _____ |    |               |
| 2. Utilities:  |                              | \$ | <b>0.00</b>   |
| a. Electricity and heating fuel  |                              | \$ | <b>0.00</b>   |
| b. Water and sewer   |                              | \$ | <b>0.00</b>   |
| c. Telephone   |                              | \$ | <b>0.00</b>   |
| d. Other <b>Cell phone</b>   |                              | \$ | <b>50.00</b>  |
| 3. Home maintenance (repairs and upkeep)   |                              | \$ | <b>0.00</b>   |
| 4. Food  |                              | \$ | <b>200.00</b> |
| 5. Clothing  |                              | \$ | <b>0.00</b>   |
| 6. Laundry and dry cleaning  |                              | \$ | <b>35.00</b>  |
| 7. Medical and dental expenses   |                              | \$ | <b>30.00</b>  |
| 8. Transportation (not including car payments)   |                              | \$ | <b>150.00</b> |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  |                              | \$ | <b>0.00</b>   |
| 10. Charitable contributions   |                              | \$ | <b>0.00</b>   |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                                |                              | \$ | <b>0.00</b>   |
| a. Homeowner's or renter's   |                              | \$ | <b>0.00</b>   |
| b. Life  |                              | \$ | <b>0.00</b>   |
| c. Health  |                              | \$ | <b>0.00</b>   |
| d. Auto  |                              | \$ | <b>60.00</b>  |
| e. Other _____   |                              | \$ | <b>0.00</b>   |
| 12. Taxes (not deducted from wages or included in home mortgage payments)                                    |                              | \$ | <b>0.00</b>   |
| (Specify) _____  |                              | \$ | <b>0.00</b>   |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) |                              | \$ | <b>0.00</b>   |
| a. Auto  |                              | \$ | <b>0.00</b>   |
| b. Other _____   |                              | \$ | <b>0.00</b>   |
| c. Other _____   |                              | \$ | <b>0.00</b>   |
| 14. Alimony, maintenance, and support paid to others   |                              | \$ | <b>0.00</b>   |
| 15. Payments for support of additional dependents not living at your home                                    |                              | \$ | <b>0.00</b>   |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)             |                              | \$ | <b>0.00</b>   |
| 17. Other <b>Car repair and maintenance</b>  |                              | \$ | <b>50.00</b>  |
| Other _____  |                              | \$ | <b>0.00</b>   |

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **575.00**

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

**Son has ongoing dental problems due to premature birth. Student loan \$306.55 per month.**

**20. STATEMENT OF MONTHLY NET INCOME**

|  |    |               |
|--|----|---------------|
| a. Average monthly income from Line 15 of Schedule I | \$ | <b>575.00</b> |
| b. Average monthly expenses from Line 18 above       | \$ | <b>575.00</b> |
| c. Monthly net income (a. minus b.)                  | \$ | <b>0.00</b>   |

**United States Bankruptcy Court**  
**Northern District of Ohio**

In re **Terrance McClain**  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter **7**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of  
**26** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **May 5, 2008**

Signature **/s/ Terrance McClain**  
**Terrance McClain**  
Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.



**United States Bankruptcy Court  
Northern District of Ohio**

In re **Terrance McClain**

Debtor(s)

Case No.

Chapter

**7**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

None



State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT  
**\$18,805.69**  
**\$1,820.00**  
**\$1,200.00**  
**\$750.00**

SOURCE  
**2006 MBN Marketing Systems**  
**2007 MBNA Marketing Systems, Inc.**  
**2007 New Vision**  
**2008 New Vision ytd:**

## 2. Income other than from employment or operation of business

None  
☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|                    |   |
|--------------------|---|
| AMOUNT             | SOURCE  |
| <b>\$7,191.47</b>  | <b>2006 sold 1347 East 117 Cleveland, OH 44106 gross proceeds:</b>    |
| <b>\$22,502.63</b> | <b>2006 sold 3644 Menlo Road Shaker Hts, OH 44120 gross proceeds:</b> |
| <b>\$4,250.00</b>  | <b>2007 Parental support</b>  |
| <b>\$2,125.00</b>  | <b>2008 Parental support</b>  |

## 3. Payments to creditors

None  
☒

**Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CREDITOR | DATES OF<br>PAYMENTS | AMOUNT PAID | AMOUNT STILL<br>OWING |
|---------------------------------|----------------------|-------------|-----------------------|
|---------------------------------|----------------------|-------------|-----------------------|

None  
☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF<br>PAYMENTS/<br>TRANSFERS | AMOUNT<br>PAID OR<br>VALUE OF<br>TRANSFERS | AMOUNT STILL<br>OWING |
|------------------------------|------------------------------------|--|-----------------------|
|------------------------------|------------------------------------|--|-----------------------|

None  
☐

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND<br>RELATIONSHIP TO DEBTOR  | DATE OF PAYMENT   | AMOUNT PAID     | AMOUNT STILL<br>OWING |
|---|---|-----------------|-----------------------|
| <b>Michelle Addie McClain</b><br><b>11091 Reservoir Place</b><br><b>Cleveland, OH 44104-5072</b><br><b>Wife - Spousal support</b> | <b>1996 F 150 Truck in poor<br/>condition used as trade in<br/>so wife could buy a car.<br/>She received \$600.00 as a<br/>trade in allowance. This<br/>was in lieu of spousal<br/>support.</b> | <b>\$600.00</b> | <b>\$0.00</b>         |

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

- ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT<br>AND CASE NUMBER                                   | NATURE OF PROCEEDING | COURT OR AGENCY<br>AND LOCATION       | STATUS OR<br>DISPOSITION  |
|--|----------------------|---------------------------------------|---|
| <b>Third Federal Savings &amp; Loan Association,<br/>CV0712648</b>   | <b>Foreclosure</b>   | <b>Cuyahoga Court of Common Pleas</b> | <b>Pending</b>  |
| <b>DEUTSCHE BANK vs.<br/>TERRANCE MCCLAIN ETAL,<br/>CV-07-615628</b> | <b>Foreclosure</b>   | <b>Cuyahoga Court of Common Pleas</b> | <b>8/20/2007 Sheriff sale<br/>Confirmed on 10/10/2007</b>                                   |
| <b>NHS of Cleveland, Inc. vs<br/>Debtor, 2006-CVF-0018234</b>        | <b>Civil suit</b>    | <b>Cleveland Municipal Court</b>      | <b>\$2,500.00 Settlement paid -<br/>judgment release not filed with<br/>Cuyahoga County</b> |

None

- ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON FOR WHOSE<br>BENEFIT PROPERTY WAS SEIZED                  | DATE OF SEIZURE | DESCRIPTION AND VALUE OF<br>PROPERTY |
|--|-----------------|--------------------------------------|
| <b>Internal Revenue Service<br/>CIO<br/>P.O.Box 21126<br/>Philadelphia, PA 19114</b> | <b>11/2007</b>  | <b>\$100.00 from Bank of America</b> |

#### 5. Repossessions, foreclosures and returns

None

- ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF<br>CREDITOR OR SELLER  | DATE OF REPOSSESSION,<br>FORECLOSURE SALE,<br>TRANSFER OR RETURN | DESCRIPTION AND VALUE OF<br>PROPERTY                                |
|--|--|---|
| <b>Deutsche Bank National Trust<br/>as Trustee of Argent Mortgage<br/>Securites c/o AMC Mortgage Services<br/>505 City Parkway West<br/>Orange, CA 92868</b> | <b>12/6/2007</b>   | <b>3402 E 103 ST CLEVELAND OH 44104 127-24-<br/>157 \$38,667.00</b> |

#### 6. Assignments and receiverships

None

- ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF ASSIGNEE | DATE OF<br>ASSIGNMENT | TERMS OF ASSIGNMENT OR SETTLEMENT |
|------------------------------|-----------------------|-----------------------------------|
|------------------------------|-----------------------|-----------------------------------|

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CUSTODIAN | NAME AND LOCATION<br>OF COURT<br>CASE TITLE & NUMBER | DATE OF<br>ORDER | DESCRIPTION AND VALUE OF<br>PROPERTY |
|----------------------------------|--|------------------|--------------------------------------|
|----------------------------------|--|------------------|--------------------------------------|

### 7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF<br>PERSON OR ORGANIZATION | RELATIONSHIP TO<br>DEBTOR, IF ANY | DATE OF GIFT | DESCRIPTION AND<br>VALUE OF GIFT |
|---|-----------------------------------|--------------|----------------------------------|
|---|-----------------------------------|--------------|----------------------------------|

### 8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION AND VALUE<br>OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF<br>LOSS WAS COVERED IN WHOLE OR IN PART<br>BY INSURANCE, GIVE PARTICULARS | DATE OF LOSS |
|--------------------------------------|--|--------------|
|--------------------------------------|--|--------------|

### 9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS<br>OF PAYEE   | DATE OF PAYMENT,<br>NAME OF PAYOR IF OTHER<br>THAN DEBTOR | AMOUNT OF MONEY<br>OR DESCRIPTION AND VALUE<br>OF PROPERTY |
|--|---|--|
| Kathleen Donnelly<br>526 Superior Ave. East<br>Leader Building Suite 1030<br>Cleveland, OH 44114 | 12/2/2007   | 299.00 Court filing fee \$501.00<br>towards attorney fees  |
| Consumer Credit Counseling<br>100 Edgewood Avenue<br>Suite 1800<br>Atlanta, GA 30303             | 12/2/2007   | \$50.00 CCC  |

### 10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE,<br>RELATIONSHIP TO DEBTOR       | DATE           | DESCRIBE PROPERTY TRANSFERRED<br>AND VALUE RECEIVED  |
|---|----------------|--|
| Vanessa Hardy<br>3644 Menlo<br>Shaker Heights, OH 44120<br>None | August 4, 2006 | 3644 Menlo Shaker Heights, OH 44120 Property<br>sold for \$173,000.00, net proceeds to owner<br>\$22502.63 |

NAME AND ADDRESS OF TRANSFEREE,  
RELATIONSHIP TO DEBTOR  
**Michelle Addie McClain**  
**11091 Reservoir Place**  
**Cleveland, OH 44104-5072**  
**Wife**

DATE  
**2008**

DESCRIBE PROPERTY TRANSFERRED  
AND VALUE RECEIVED  
**1996 F 150 Truck in poor condition used as  
trade in so wife could buy a car. She received  
\$600.00 as a trade in allowance. This was in  
lieu of spousal support.**

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER  
DEVICE

DATE(S) OF  
TRANSFER(S)

AMOUNT OF MONEY OR DESCRIPTION AND  
VALUE OF PROPERTY OR DEBTOR'S INTEREST  
IN PROPERTY

#### 11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION  
**Huntington National Bank**  
**2361 Morse Road NC2W12**  
**Attn: Bankruptcy Department**  
**Columbus, OH 43229**

TYPE OF ACCOUNT, LAST FOUR  
DIGITS OF ACCOUNT NUMBER,  
AND AMOUNT OF FINAL BALANCE  
**4511 (\$210.65)**

AMOUNT AND DATE OF SALE  
OR CLOSING  
**NSF 2007 \$210.65**

**Bank of America**  
**P.O. Box 25118**  
**Tampa, FL 33622-5118**

**6206 Money market savings (\$100.00) NSF \$100.00**

#### 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK  
OR OTHER DEPOSITORY

NAMES AND ADDRESSES  
OF THOSE WITH ACCESS  
TO BOX OR DEPOSITORY

DESCRIPTION  
OF CONTENTS

DATE OF TRANSFER OR  
SURRENDER, IF ANY

#### 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF  
PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

|   |           |                               |
|---|-----------|-------------------------------|
| ADDRESS   | NAME USED | DATES OF OCCUPANCY            |
| 11091 Reservoir Place Drive<br>Cleveland, OH 44104-5072 | Same      | November 2001 Until July 2007 |

16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME  
A. Michelle McClain, Separated

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

|                       |                                       |                |                   |
|-----------------------|---------------------------------------|----------------|-------------------|
| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

|                       |                                       |                |                   |
|-----------------------|---------------------------------------|----------------|-------------------|
| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

|                                       |               |                       |
|---------------------------------------|---------------|-----------------------|
| NAME AND ADDRESS OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR DISPOSITION |
|---------------------------------------|---------------|-----------------------|

**18 . Nature, location and name of business**

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

| NAME  | LAST FOUR DIGITS OF<br>SOCIAL-SECURITY OR<br>OTHER INDIVIDUAL<br>TAXPAYER-I.D. NO.<br>(ITIN)/ COMPLETE EIN | ADDRESS  | NATURE OF BUSINESS             | BEGINNING AND<br>ENDING DATES |
|---|--|--|--------------------------------|-------------------------------|
| <b>Challenge Fincl<br/>Investors Corp.</b>      | <b>4313</b>  | <b>Terrance McClain<br/>3669 East 131 Street<br/>Cleveland, OH 44120</b> | <b>Mortgage loans</b>          | <b>Jan - May 2007</b>         |
| <b>McRuss Investments<br/>&amp; Consultants</b> | <b>4313</b>  | <b>Terrance McClain<br/>3669 East 131 Street<br/>Cleveland, OH 44120</b> | <b>Real estate investments</b> | <b>2001-2006</b>              |

None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within **six years** immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

**19. Books, records and financial statements**

None



a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None



b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None



c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS



- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

**20. Inventories**

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY  
(Specify cost, market or other basis)

- None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY  
RECORDS**21. Current Partners, Officers, Directors and Shareholders**

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP**22. Former partners, officers, directors and shareholders**

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

**23. Withdrawals from a partnership or distributions by a corporation**

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS  
OF RECIPIENT,  
RELATIONSHIP TO DEBTORDATE AND PURPOSE  
OF WITHDRAWALAMOUNT OF MONEY  
OR DESCRIPTION AND  
VALUE OF PROPERTY**24. Tax Consolidation Group.**

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)



**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date May 5, 2008

Signature /s/ Terrance McClain  
**Terrance McClain**  
 Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**United States Bankruptcy Court  
Northern District of Ohio**

In re **Terrance McClain**

Debtor(s)

Case No. \_\_\_\_\_

Chapter **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- I intend to do the following with respect to property of the estate which secures those debts or is subject to a lease:

| Description of Secured Property  | Creditor's Name                      | Property will be Surrendered | Property is claimed as exempt | Property will be redeemed pursuant to 11 U.S.C. § 722 | Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c) |
|--|--------------------------------------|------------------------------|-------------------------------|---|--|
| <b>11091 Reservoir Place Drive<br/>Cleveland, OH 44104<br/>PPN: 128-30-023<br/>(3 foreclosures on street already)<br/>Sheriff appraised value:</b> | <b>Hebrew Free Loan Association</b>  | <b>X</b>                     |                               |   |  |
| <b>11091 Reservoir Place Drive<br/>Cleveland, OH 44104<br/>PPN: 128-30-023<br/>(3 foreclosures on street already)<br/>Sheriff appraised value:</b> | <b>Internal Revenue Service</b>      | <b>X</b>                     |                               |   |  |
| <b>11091 Reservoir Place Drive<br/>Cleveland, OH 44104<br/>PPN: 128-30-023<br/>(3 foreclosures on street already)<br/>Sheriff appraised value:</b> | <b>James Rokakis, As Treasurer</b>   | <b>X</b>                     |                               |   |  |
| <b>11091 Reservoir Place Drive<br/>Cleveland, OH 44104<br/>PPN: 128-30-023<br/>(3 foreclosures on street already)<br/>Sheriff appraised value:</b> | <b>Neighborhood Housing Services</b> | <b>X</b>                     |                               |   |  |
| <b>11091 Reservoir Place Drive<br/>Cleveland, OH 44104<br/>PPN: 128-30-023<br/>(3 foreclosures on street already)<br/>Sheriff appraised value:</b> | <b>Third Federal S &amp; L</b>       | <b>X</b>                     |                               |   |  |

| Description of Leased Property | Lessor's Name        | Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A) |
|--------------------------------|----------------------|--|
| <b>2 year lease cell phone</b> | <b>Sprint Nextel</b> | <b>X</b>   |

Date **May 5, 2008**

Signature **/s/ Terrance McClain**  
**Terrance McClain**  
Debtor

**United States Bankruptcy Court  
Northern District of Ohio**

In re **Terrance McClain**

Debtor(s)

Case No. \_\_\_\_\_

Chapter **7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|  |    |                      |
|--|----|----------------------|
| For legal services, I have agreed to accept.....           | \$ | <u><b>800.00</b></u> |
| Prior to the filing of this statement I have received..... | \$ | <u><b>501.00</b></u> |
| Balance Due.....   | \$ | <u><b>299.00</b></u> |

2. \$ **299.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions, redemption of assets or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **May 5, 2008**

**/s/ Kathleen Donnelly**

**Kathleen Donnelly 0042636  
Kathleen Donnelly  
526 Superior Ave. East  
Leader Building Suite 1030  
Cleveland, OH 44114  
(216)241-9628 Fax: (216)621-0408  
katydonnelly@sbcglobal.net**

Date **May 5, 2008**

Signature **/s/ Terrance McClain**

**Terrance McClain  
Debtor**

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF OHIO

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured

obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

**Kathleen Donnelly 0042636**

Printed Name of Attorney

Address:

**526 Superior Ave. East  
Leader Building Suite 1030  
Cleveland, OH 44114  
(216)241-9628**

X **/s/ Kathleen Donnelly**

Signature of Attorney

**May 5, 2008**

Date

**Certificate of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Terrance McClain**

Printed Name(s) of Debtor(s)

Case No. (if known) \_\_\_\_\_

X **/s/ Terrance McClain**

Signature of Debtor

**May 5, 2008**

Date

X \_\_\_\_\_

Signature of Joint Debtor (if any)

Date

**United States Bankruptcy Court  
Northern District of Ohio**

In re **Terrance McClain**  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter **7**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **May 5, 2008**

**/s/ Terrance McClain**  
**Terrance McClain**  
Signature of Debtor

A. Michelle McClain  
11091 Reservoir Place Drive  
Cleveland, OH 44104-5072

Amc Mortgage Services  
505 City Pkwy South # 10  
Orange, CA 92868

Amc Mortgage Services  
SUS Sucesores  
P.O. Box 11056  
Orange, CA 92868

Asset Acceptance LLC  
P.O.Box 2036  
Attn: Bankruptcy Department  
Warren, MI 48090

AT&T  
P.O. Box 8100  
Aurora, IL 60572-8712

Bank of America  
P.O. Box 25118  
Tampa, FL 33622-5118

Bank of America  
c/o FIA Card Services  
16001 Dallas  
Addison, TX 75001

Bank of America  
Attn: Bankruptcy Department  
P.O. Box 15026  
Wilmington, DE 19850-5026

Bradford Medical Group  
5 Severance Circle  
Suite 206  
Cleveland Heights, OH 44118

Capital One  
Risk Management Alternatives  
7325 SW Freeway Suite 1200  
Houston, TX 77074

Capital One  
15000 Capital One Drive  
Attn: Bankruptcy Department  
Richmond, VA 23230-1119

Capital One Bank  
P.O. Box 85520  
Internal Zip 12030-016  
Richmond, VA 23285-5520

Capital One Bank  
c/o TSYS Debt Management  
Attn: Bankruptcy Dept.  
P.O. Box 5155  
Norcross, GA 30091

Cassandra Collier-Williams, Atty  
2103 St. Clair Avenue  
2nd Floor  
Cleveland, OH 44114

Chase  
Attn: Correspondence (Bankruptcy)  
P.O. Box 15298  
Wilmington, DE 19850

Chase  
Attn: HE Payoff Exceptions  
3415 Vision Drive  
Mail Code OH4-7168  
Columbus, OH 43219

Chase  
Attn: Credit Bureau Updates  
P.O. Box 15919  
Wilmington, DE 19850

Chase  
Attn: Bankruptcy (School Loan)  
P.O. box 522  
Madison, MS 39130-0522

Chase Manhattan  
Bankruptcy Research Dept.  
3415 Vision Drive  
Columbus, OH 43219



Cleveland Clinic Dentistry  
P.O. Box 931327  
Patient Financial Services  
Cleveland, OH 44193-1518

Cleveland Clinic Foundation  
P.O. Box 73662  
Cleveland, OH 44193-1273

Cleveland Municipal Court  
1200 Ontario Street  
Attn Docket: 2006CVF0018234  
Cleveland, OH 44113

Cleveland Public Power  
P.O. Box 94560  
Cleveland, OH 44144

Collection  
P.O. Box 9134  
Needham, MA 02494

Cuyahoga Court of Common Pleas  
1200 Ontario Street  
CV-07-615628  
Cleveland, OH 44113-1678

Cuyahoga Court of Common Pleas  
1200 Ontario Street  
Attn docket: CV-96-320183  
Cleveland, OH 44113-1678

David Hanson, Attorney  
1400 Goodale Blvd.  
Suite 200  
Columbus, OH 43212

Deutsche Bank National Trust  
as Trustee of Argent Mortgage  
Securites c/o AMC Mortgage Services  
505 City Parkway West  
Orange, CA 92868

Dr. Deborah Levitan Gerson  
3909 Orange Place  
Beachwood, OH 44122

Dr. Eric S. Lawrence  
6801 Mayfield Road  
Mayfield Heights, OH 44124

Dr. Minnie M. Bowers  
14412 Larchmere Blvd  
Cleveland, OH 44120

Encore Receivable Management  
400 North Rogers Road  
P.O. Box 3330  
Olathe, KS 66063-3330

Equifax Mortgage Solutions  
P.O. Box 4472  
Attn: Bankruptcy Department  
Atlanta, GA 30302

ERSolutions  
P.O. Box 6030  
Hauppauge, NY 11788-0154

FedEx Customer Relations  
3875 Airways, Module H3  
Department 4634 (Bankruptcy)  
Memphis, TN 38116

First Credit International Corp.  
P.O. Box 13283  
Fairlawn, OH 44334-8683

First Energy Service Co.  
76 South Main Street  
Akron, OH 44308

First Federal Credit Collection  
24700 Chagrin Blvd Ste 2  
Cleveland, OH 44122

GE Money Bank  
P.O. Box 981127  
Attn: Bankruptcy Department  
El Paso, TX 79998-1127

Grace Recovery Services, Inc.  
7575 Tyler Bv Suite C  
Mentor, OH 44060

Hebrew Free Loan Association  
2245 Warrensville Center Road  
Suite 207  
Cleveland, OH 44118

Helvey and Associates  
1015 E. Center St.  
Warsaw, IN 46580

Hillcrest Hospital  
P.O. Box 74397  
Cleveland, OH 44194-0001

Household Finance  
P.O. Box 8873  
Virginia Beach, VA 23450-8873

HSBC  
P.O. Box 81622  
Attn: Bankruptcy Department  
Salinas, CA 93912-0084

HSBC  
Attn: Bankruptcy  
P.O. Box 5213  
Carol Stream, IL 60197

Huntington National Bank  
Attn Bankruptcy  
7450 Huntington Park Drive  
Columbus, OH 43235-5617

Huntington National Bank  
2361 Morse Road NC2W12  
Attn: Bankruptcy Department  
Columbus, OH 43229

Huntington National Bank  
P.O. Box 182232  
NC1W32  
Columbus, OH 43218-2232

Internal Revenue Service  
CIO  
P.O.Box 21126  
Philadelphia, PA 19114

James Rokakis, As Treasurer  
c/o Justice Center 9th Floor  
1200 Ontario Street  
Cleveland, OH 44113

Kamisha Jones

KeyBank  
4910 Tiedeman Road  
Cleveland, OH 44144

Laboratory Corporation of America  
2269 S. Saw Mill  
Building 3  
Elmsford, NY 10523

Laboratory Corporation of America  
Collection  
P.O. Box 2240  
Burlington, NC 27216-2240

LVNV Funding  
P.O. Box 10584  
Greenville, SC 29603

MBNA Billing Inquiries  
P.O. Box 15026  
Wilmington, DE 19850-5026

Millston & Kannensohn, Attorneys  
15 Central Square  
Suite 200  
Youngstown, OH 44503

MRS Associates  
3 Executive Campus, Suite 400  
Cherry Hill, NJ 08002

National City Bank  
Bankruptcy Depart. Loc. # 01-7103  
6750 Miller Road  
Brecksville, OH 44141

NCO Financial Systems  
507 Prudential Road  
Horsham, PA 19044

NCO Financial Systems  
P.O. Box 13570  
Attn: Bankruptcy Department  
Philadelphia, PA 19101

Neighborhood Housing Services  
3210 Euclid Avenue  
Cleveland, OH 44115

Ohio Department of Taxation  
Compliance Division  
P.O. Box 182401  
Columbus, OH 43218-2401

Ohio Department of Taxation  
615 W. Superior Avenue  
Cleveland, OH 44103

OSI Collection  
P.O. Box 965  
Suite 204  
Brookfield, WI 53008-0965

Portfolio Recovery Associates  
P.O. BBox 12914  
Norfolk, VA 23541

Progressive Insurance  
Client Services  
2 Wells Ave  
North Waltham, MA 02455-3208

Puzzlemania  
c/o North Shore Agency  
P.O. Box 4002862  
Des Moines, IA 50340-2862

RAB Inc.  
7000 Goodlett Farms Parkway  
Memphis, TN 38016-4916

Revenue Group  
3700 Park East Drive Suite 240  
Beachwood, OH 44122

Richard L. Cohen, DDS  
24100 Chagrin Blvd.  
Suite 170  
Beachwood, OH 44122

Target National Bank  
P.O. Box 59231  
Minneapolis, MN 55459-0231

Target National Bank  
3901 West 53rd Street  
Sioux Falls, SD 57106-4216

The Illuminating Company  
P.O. Box 3638  
Akron, OH 44309

Third Federal S & L  
7007 Broadway Ave  
Cleveland, OH 44105

Toyota Motor Credit  
4501 Erskine Road Suite 150  
Cincinnati, OH 45242

Toyota Motor Credit  
P.O. Box 3025  
Attn: Bankruptcy Department  
Cedar Rapids, IA 52408-8026

Toyota Motor Credit/Lexus  
P.O. Box 5236  
Attn: Bankruptcy Department  
Carol Stream, IL 60197-5236

U.S. Department of Education  
P.O. Box 5609  
Direct Loan Servicing Center  
Attn: Bankruptcy Department  
Atlanta, GA 30353-0260

University Hospital Lab Serv Found  
P.O. Box 9801967  
Cleveland, OH 44190-1967

University Hospitals  
Institutional Relations & Devel.  
P.O. Box 74947  
Attn: Bankruptcy Department  
Cleveland, OH 44101-9927

University Radiologists  
P.O. Box 71068  
Cleveland, OH 44191-0268

Weltman, Weinberg & Reis  
323 West Lakeside Avenue  
Suite 200  
Cleveland, OH 44113

In re **Terrance McClain**  
 Debtor(s)  
 Case Number: \_\_\_\_\_  
 (If known)

According to the calculations required by this statement:

☐ The presumption arises.

☒ The presumption does not arise.

(Check the box as directed in Parts I, III, and VI of this statement.)

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| <b>Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS</b> |  |                             |   |   |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
|---|--|-----------------------------|---|---|--------|--------|----|----------------|----------------|----|----|---|----------------|----|----|-------------------------------------|-----------------------------|--|----------------|----|
| 1A  | <p>If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>  |                             |   |   |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
| 1B  | <p>If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>   |                             |   |   |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
| <b>Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION</b> |  |                             |   |   |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
| 2   | <p><b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>b. <input checked="" type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only column A ("Debtor's Income") for Lines 3-11.</b></p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p> <p>d. <input type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p>  |                             |   |   |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
|   | All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.  |                             | <b>Column A<br/>Debtor's<br/>Income</b> | <b>Column B<br/>Spouse's<br/>Income</b> |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
| 3   | <b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>  |                             | \$ <b>150.00</b>                        | \$                                      |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
| 4   | <p><b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Business income</td> <td colspan="2" style="text-align: right;">Subtract Line b from Line a</td> </tr> </tbody> </table> |                             |   |   | Debtor | Spouse | a. | Gross receipts | \$ <b>0.00</b> | \$ | b. | Ordinary and necessary business expenses  | \$ <b>0.00</b> | \$ | c. | Business income                     | Subtract Line b from Line a |  | \$ <b>0.00</b> | \$ |
|   |  | Debtor                      | Spouse                                  |   |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
| a.  | Gross receipts   | \$ <b>0.00</b>              | \$                                      |   |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
| b.  | Ordinary and necessary business expenses   | \$ <b>0.00</b>              | \$                                      |   |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
| c.  | Business income  | Subtract Line b from Line a |   |   |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
| 5   | <p><b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Rent and other real property income</td> <td colspan="2" style="text-align: right;">Subtract Line b from Line a</td> </tr> </tbody> </table>   |                             |   |   | Debtor | Spouse | a. | Gross receipts | \$ <b>0.00</b> | \$ | b. | Ordinary and necessary operating expenses | \$ <b>0.00</b> | \$ | c. | Rent and other real property income | Subtract Line b from Line a |  | \$ <b>0.00</b> | \$ |
|   |  | Debtor                      | Spouse                                  |   |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
| a.  | Gross receipts   | \$ <b>0.00</b>              | \$                                      |   |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
| b.  | Ordinary and necessary operating expenses  | \$ <b>0.00</b>              | \$                                      |   |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
| c.  | Rent and other real property income  | Subtract Line b from Line a |   |   |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |
| 6   | <b>Interest, dividends, and royalties.</b>   |                             | \$ <b>0.00</b>                          | \$                                      |        |        |    |                |                |    |    |   |                |    |    |                                     |                             |  |                |    |



| 7   | <b>Pension and retirement income.</b>  | \$  | <b>0.00</b>   | \$          |           |    |    |             |    |    |    |             |    |
|---|--|---|---------------|-------------|-----------|----|----|-------------|----|----|----|-------------|----|
| 8   | <b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.  | \$  | <b>425.00</b> | \$          |           |    |    |             |    |    |    |             |    |
| 9   | <b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:<br><table border="1"> <tr> <td>Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td>Debtor \$</td> <td><b>0.00</b></td> <td>Spouse \$</td> <td></td> </tr> </table>   | Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$     | <b>0.00</b> | Spouse \$ |    | \$ | <b>0.00</b> | \$ |    |    |             |    |
| Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$  | <b>0.00</b>   | Spouse \$     |             |           |    |    |             |    |    |    |             |    |
| 10  | <b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.<br><table border="1"> <thead> <tr> <th></th> <th>Debtor</th> <th>Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table> Total and enter on Line 10 |   | Debtor        | Spouse      | a.        | \$ | \$ | b.          | \$ | \$ | \$ | <b>0.00</b> | \$ |
|   | Debtor   | Spouse  |               |             |           |    |    |             |    |    |    |             |    |
| a.  | \$   | \$  |               |             |           |    |    |             |    |    |    |             |    |
| b.  | \$   | \$  |               |             |           |    |    |             |    |    |    |             |    |
| 11  | <b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).   | \$  | <b>575.00</b> | \$          |           |    |    |             |    |    |    |             |    |
| 12  | <b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.   | \$  | <b>575.00</b> | \$          |           |    |    |             |    |    |    |             |    |

### Part III. APPLICATION OF § 707(b)(7) EXCLUSION

|    |  |    |                  |
|----|--|----|------------------|
| 13 | <b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.  | \$ | <b>6,900.00</b>  |
| 14 | <b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)<br>a. Enter debtor's state of residence: <b>OH</b> b. Enter debtor's household size: <b>1</b>  | \$ | <b>40,168.00</b> |
| 15 | <b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed.<br><input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.<br><input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement. |    |                  |

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

### Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

|    |  |    |  |    |    |  |    |    |  |    |    |  |    |    |
|----|--|----|--|----|----|--|----|----|--|----|----|--|----|----|
| 16 | <b>Enter the amount from Line 12.</b>  | \$ |  |    |    |  |    |    |  |    |    |  |    |    |
| 17 | <b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.<br><table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td>d.</td> <td></td> <td>\$</td> </tr> </table> Total and enter on Line 17 | a. |  | \$ | b. |  | \$ | c. |  | \$ | d. |  | \$ | \$ |
| a. |  | \$ |  |    |    |  |    |    |  |    |    |  |    |    |
| b. |  | \$ |  |    |    |  |    |    |  |    |    |  |    |    |
| c. |  | \$ |  |    |    |  |    |    |  |    |    |  |    |    |
| d. |  | \$ |  |    |    |  |    |    |  |    |    |  |    |    |
| 18 | <b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.   | \$ |  |    |    |  |    |    |  |    |    |  |    |    |

### Part V. CALCULATION OF DEDUCTIONS FROM INCOME

**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

| 19A  | <b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  | \$                           |  |                      |    |  |    |    |                             |                              |    |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |
|--|---|------------------------------|--|----------------------|----|--|----|----|-----------------------------|------------------------------|----|-----|----------------------|--|-----|-------------------|--|-----|-------------------|--|-----|----------|--|-----|----------|--|
| 19B  | <b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.                   | \$                           |  |                      |    |  |    |    |                             |                              |    |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">Household members under 65 years of age</th> <th colspan="3" style="text-align: left;">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td> <td style="width: 40%;">Allowance per member</td> <td style="width: 15%;"></td> <td style="width: 5%;">a2.</td> <td style="width: 40%;">Allowance per member</td> <td style="width: 15%;"></td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td></td> <td>b2.</td> <td>Number of members</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td></td> <td>c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table> |   |                              | Household members under 65 years of age                      |                      |    | Household members 65 years of age or older   |    |    | a1.                         | Allowance per member         |    | a2. | Allowance per member |  | b1. | Number of members |  | b2. | Number of members |  | c1. | Subtotal |  | c2. | Subtotal |  |
| Household members under 65 years of age  |   |                              | Household members 65 years of age or older                   |                      |    |  |    |    |                             |                              |    |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |
| a1.  | Allowance per member  |                              | a2.  | Allowance per member |    |  |    |    |                             |                              |    |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |
| b1.  | Number of members   |                              | b2.  | Number of members    |    |  |    |    |                             |                              |    |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |
| c1.  | Subtotal  |                              | c2.  | Subtotal             |    |  |    |    |                             |                              |    |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |
| 20A  | <b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)   | \$                           |  |                      |    |  |    |    |                             |                              |    |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |
| 20B  | <b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 45%;">IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 50%;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </table> | a.                           | IRS Housing and Utilities Standards; mortgage/rental expense | \$                   | b. | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 | \$ | c. | Net mortgage/rental expense | Subtract Line b from Line a. | \$ |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |
| a.   | IRS Housing and Utilities Standards; mortgage/rental expense  | \$                           |  |                      |    |  |    |    |                             |                              |    |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |
| b.   | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42  | \$                           |  |                      |    |  |    |    |                             |                              |    |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |
| c.   | Net mortgage/rental expense   | Subtract Line b from Line a. |  |                      |    |  |    |    |                             |                              |    |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |
| 21   | <b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:   | \$                           |  |                      |    |  |    |    |                             |                              |    |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |
| 22A  | <b>Local Standards: transportation; vehicle operation/public transportation expense.</b><br>You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.<br>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.<br><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.<br>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)                     | \$                           |  |                      |    |  |    |    |                             |                              |    |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |
| 22B  | <b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)   | \$                           |  |                      |    |  |    |    |                             |                              |    |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |

|    |  |                              |   |    |    |  |    |    |   |                              |    |
|----|--|------------------------------|---|----|----|--|----|----|---|------------------------------|----|
| 23 | <p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a.</td> </tr> </table> | a.                           | IRS Transportation Standards, Ownership Costs | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 | \$ | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a. | \$ |
| a. | IRS Transportation Standards, Ownership Costs  | \$                           |   |    |    |  |    |    |   |                              |    |
| b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42   | \$                           |   |    |    |  |    |    |   |                              |    |
| c. | Net ownership/lease expense for Vehicle 1  | Subtract Line b from Line a. |   |    |    |  |    |    |   |                              |    |
| 24 | <p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>  | a.                           | IRS Transportation Standards, Ownership Costs | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 | \$ | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a. | \$ |
| a. | IRS Transportation Standards, Ownership Costs  | \$                           |   |    |    |  |    |    |   |                              |    |
| b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42   | \$                           |   |    |    |  |    |    |   |                              |    |
| c. | Net ownership/lease expense for Vehicle 2  | Subtract Line b from Line a. |   |    |    |  |    |    |   |                              |    |
| 25 | <p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>   | \$                           |   |    |    |  |    |    |   |                              |    |
| 26 | <p><b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b></p>   | \$                           |   |    |    |  |    |    |   |                              |    |
| 27 | <p><b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>   | \$                           |   |    |    |  |    |    |   |                              |    |
| 28 | <p><b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b></p>  | \$                           |   |    |    |  |    |    |   |                              |    |
| 29 | <p><b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>  | \$                           |   |    |    |  |    |    |   |                              |    |
| 30 | <p><b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b></p>   | \$                           |   |    |    |  |    |    |   |                              |    |
| 31 | <p><b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b></p>  | \$                           |   |    |    |  |    |    |   |                              |    |
| 32 | <p><b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b></p>  | \$                           |   |    |    |  |    |    |   |                              |    |
| 33 | <p><b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.</p>  | \$                           |   |    |    |  |    |    |   |                              |    |

**Subpart B: Additional Living Expense Deductions****Note: Do not include any expenses that you have listed in Lines 19-32**

|    |   |           |                  |    |    |                      |    |    |                        |    |           |
|----|---|-----------|------------------|----|----|----------------------|----|----|------------------------|----|-----------|
| 34 | <p><b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1" data-bbox="198 367 1117 485"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 34.</p> <p><b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p> | a.        | Health Insurance | \$ | b. | Disability Insurance | \$ | c. | Health Savings Account | \$ | <p>\$</p> |
| a. | Health Insurance  | \$        |                  |    |    |                      |    |    |                        |    |           |
| b. | Disability Insurance  | \$        |                  |    |    |                      |    |    |                        |    |           |
| c. | Health Savings Account  | \$        |                  |    |    |                      |    |    |                        |    |           |
| 35 | <p><b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.</p>   | <p>\$</p> |                  |    |    |                      |    |    |                        |    |           |
| 36 | <p><b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.</p>  | <p>\$</p> |                  |    |    |                      |    |    |                        |    |           |
| 37 | <p><b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b></p>  | <p>\$</p> |                  |    |    |                      |    |    |                        |    |           |
| 38 | <p><b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b></p>  | <p>\$</p> |                  |    |    |                      |    |    |                        |    |           |
| 39 | <p><b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b></p>  | <p>\$</p> |                  |    |    |                      |    |    |                        |    |           |
| 40 | <p><b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).</p>  | <p>\$</p> |                  |    |    |                      |    |    |                        |    |           |
| 41 | <p><b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40</p>  | <p>\$</p> |                  |    |    |                      |    |    |                        |    |           |

**Subpart C: Deductions for Debt Payment**

|    |   |  |                               |  |    |
|----|---|--|-------------------------------|--|----|
| 42 | <b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.  |  |                               |  |    |
|    | Name of Creditor  | Property Securing the Debt   | Average Monthly Payment       | Does payment include taxes or insurance?                 |    |
|    | a.  |  | \$                            | <input type="checkbox"/> yes <input type="checkbox"/> no |    |
|    |   |  | Total: Add Lines              |  | \$ |
| 43 | <b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. |  |                               |  |    |
|    | Name of Creditor  | Property Securing the Debt   | 1/60th of the Cure Amount     |  |    |
|    | a.  |  | \$                            |  |    |
|    |   |  | Total: Add Lines              |  | \$ |
| 44 | <b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>  |  |                               |  | \$ |
| 45 | <b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.  |  |                               |  |    |
|    | a.  | Projected average monthly Chapter 13 plan payment.   | \$                            |  |    |
|    | b.  | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) | x                             |  |    |
|    | c.  | Average monthly administrative expense of Chapter 13 case  | Total: Multiply Lines a and b |  | \$ |
| 46 | <b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.   |  |                               |  | \$ |

**Subpart D: Total Deductions from Income**

|    |  |    |
|----|--|----|
| 47 | <b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46. | \$ |
|----|--|----|

**Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION**

|    |  |    |
|----|--|----|
| 48 | <b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>  | \$ |
| 49 | <b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>   | \$ |
| 50 | <b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result.  | \$ |
| 51 | <b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.   | \$ |
| 52 | <b>Initial presumption determination.</b> Check the applicable box and proceed as directed.<br><input type="checkbox"/> <b>The amount on Line 51 is less than \$6,575.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.<br><input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$10,950</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.<br><input type="checkbox"/> <b>The amount on Line 51 is at least \$6,575, but not more than \$10,950.</b> Complete the remainder of Part VI (Lines 53 through 55). |    |
| 53 | <b>Enter the amount of your total non-priority unsecured debt</b>  | \$ |
| 54 | <b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.  | \$ |

| 55  | <p><b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>  |                |  |                     |                |    |  |    |    |  |    |    |  |    |    |  |    |                                 |  |    |
|---|--|----------------|--|---------------------|----------------|----|--|----|----|--|----|----|--|----|----|--|----|---------------------------------|--|----|
| <p><b>Part VII. ADDITIONAL EXPENSE CLAIMS</b></p> |  |                |  |                     |                |    |  |    |    |  |    |    |  |    |    |  |    |                                 |  |    |
| 56  | <p><b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;">Expense Description</th> <th style="width: 30%;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td>d.</td> <td></td> <td>\$</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: Add Lines a, b, c, and d</td> <td>\$</td> </tr> </tbody> </table> |                |  | Expense Description | Monthly Amount | a. |  | \$ | b. |  | \$ | c. |  | \$ | d. |  | \$ | Total: Add Lines a, b, c, and d |  | \$ |
|   | Expense Description  | Monthly Amount |  |                     |                |    |  |    |    |  |    |    |  |    |    |  |    |                                 |  |    |
| a.  |  | \$             |  |                     |                |    |  |    |    |  |    |    |  |    |    |  |    |                                 |  |    |
| b.  |  | \$             |  |                     |                |    |  |    |    |  |    |    |  |    |    |  |    |                                 |  |    |
| c.  |  | \$             |  |                     |                |    |  |    |    |  |    |    |  |    |    |  |    |                                 |  |    |
| d.  |  | \$             |  |                     |                |    |  |    |    |  |    |    |  |    |    |  |    |                                 |  |    |
| Total: Add Lines a, b, c, and d                   |  | \$             |  |                     |                |    |  |    |    |  |    |    |  |    |    |  |    |                                 |  |    |
| <p><b>Part VIII. VERIFICATION</b></p>             |  |                |  |                     |                |    |  |    |    |  |    |    |  |    |    |  |    |                                 |  |    |
| 57  | <p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i></p> <p>Date: <u>May 5, 2008</u></p> <p style="text-align: right;">Signature: <u>/s/ Terrance McClain</u><br/> <b>Terrance McClain</b><br/>         (Debtor)</p>   |                |  |                     |                |    |  |    |    |  |    |    |  |    |    |  |    |                                 |  |    |

## Current Monthly Income Details for the Debtor

**Debtor Income Details:**Income for the Period **11/01/2007** to **04/30/2008**.**Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **New Vision**

Income by Month:

|               |                    |                 |
|---------------|--------------------|-----------------|
| 6 Months Ago: | <u>11/2007</u>     | <u>\$150.00</u> |
| 5 Months Ago: | <u>12/2007</u>     | <u>\$150.00</u> |
| 4 Months Ago: | <u>01/2008</u>     | <u>\$150.00</u> |
| 3 Months Ago: | <u>02/2008</u>     | <u>\$150.00</u> |
| 2 Months Ago: | <u>03/2008</u>     | <u>\$150.00</u> |
| Last Month:   | <u>04/2008</u>     | <u>\$150.00</u> |
|               | Average per month: | <u>\$150.00</u> |

**Line 8 - Contributions to household expenses of the debtor or dependents**Source of Income: **Parents**

Income by Month:

|               |                    |                 |
|---------------|--------------------|-----------------|
| 6 Months Ago: | <u>11/2007</u>     | <u>\$425.00</u> |
| 5 Months Ago: | <u>12/2007</u>     | <u>\$425.00</u> |
| 4 Months Ago: | <u>01/2008</u>     | <u>\$425.00</u> |
| 3 Months Ago: | <u>02/2008</u>     | <u>\$425.00</u> |
| 2 Months Ago: | <u>03/2008</u>     | <u>\$425.00</u> |
| Last Month:   | <u>04/2008</u>     | <u>\$425.00</u> |
|               | Average per month: | <u>\$425.00</u> |